



## HIPAA Companion Guide Specifications

TXN 837 Health Care Claim  
(Dental)

Version 1.2  
September 29, 2003

Prepared By: EDS – HTSCS

## Table of Contents

1. INTRODUCTION .....	1
2. SCOPE .....	2
3. 837 DENTAL SERVICE REQUEST TRANSACTION MAP .....	3
4. DOCUMENT CHANGE HISTORY .....	43



## 1. INTRODUCTION

This companion guide is designed to be used in conjunction with the *HIPAA Implementation Guide*. The companion guide specifications define current functions and other information specific to North Carolina Medicaid (NCXIX). The Division of Medical Assistance's (DMA) solution for Health Insurance Portability and Accountability Act (HIPAA) recommends suggested methods for utilizing the transactions.

## 2. SCOPE

The *United States Congress* included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through subtitle F of title II of that law, *Congress* added to title XI of the *Social Security Act* a new part C, titled "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for "Standards for Electronic Transactions", which became effective on October 16, 2000. The final rule requires compliance be met within 2 years of the rule effective date, making compliance necessary by October 16, 2002, unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a 1-year extension to October 16, 2003, for those covered and required to comply in 2002. The North Carolina Department of Health and Human Services (DHHS) has filed an extension, which supports an extension for all divisions within DHHS, to include the Division of Medical Assistance (DMA).

This guide includes the scope and transaction maps for the ASC X12N 837 004010X097A1 Health Care Claim Dental transaction set.

The purpose of the Companion Guide is to provide support for the submission of the HIPAA-compliant 837 Dental claim and ensure proper processing of claims submitted to NCXIX. Fields from the current NCXIX Dental format have been cross-referenced to the applicable data element in the 837 Dental transaction. North Carolina Medicaid billing requirements should also be followed to ensure proper processing of claims.

Electronic submission of claims will follow these guidelines:

- Claims currently filed on CMS-1500 or ECS 1500 format will be filed on the 837P
- Claims currently filed on ADA or ADA ECS format will be filed on the 837D
- Claims currently filed on UB-92 or UB-92 ECS format will be filed on the 837I.

A trading partner may not have all data collected in their system to plug every required field on the transaction. In these cases, the following values are suggested:

- For unknown fields defined as AN (alphanumeric) in the *HIPAA Implementation Guide*, use UNKNOWN as the submitted value to NC Medicaid
- For date fields defined as CCYYMMDD in the *HIPAA Implementation Guide* that are not known, use 99991231 as the submitted value to NC Medicaid
- For an unknown recipient's Social Security Number (SSN), use 111111111 as the submitted value to NC Medicaid.

\*\* IMPORTANT NOTE -- The submission of these values does not guarantee a payment. All claims are subject to the NC Medicaid edits and audits.

### 3. 837 DENTAL SERVICE REQUEST TRANSACTION MAP

Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
	ST/R-53	ST01	R	Transaction Set Identifier Code	Follow rules of the Implementation Guide
		ST02	R	Transaction Set Control Number	Follow rules of the Implementation Guide
	BHT/R-54	BHT01	R	Hierarchical Structure Code	Follow rules of the Implementation Guide
		BHT02	R	Transaction Set Purpose Code	Follow rules of the Implementation Guide
		BHT03	R	Originator Application Transaction Identifier	Follow rules of the Implementation Guide
		BHT04	R	Transaction Set Creation Date	Follow rules of the Implementation Guide
		BHT05	R	Transaction Set Creation Time	Follow rules of the Implementation Guide
		BHT06	R	Claim or Encounter Identifier	Follow rules of the Implementation Guide
	REF/R-57	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Transmission Type Code	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
1000A/R-59				SUBMITTER NAME	
	NM1/R-59	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Submitter Last or Organization Name	Follow rules of the Implementation Guide
		NM104	S	Submitter First Name	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		NM105	S	Submitter Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	N	Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	R	Submitter Identifier	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	PER/R-63	PER01	R	Contact Function Code	Follow rules of the Implementation Guide
		PER02	R	Submitter Contact Name	Follow rules of the Implementation Guide
		PER03	R	Communication Number Qualifier	Follow rules of the Implementation Guide
		PER04	R	Communication Number	Follow rules of the Implementation Guide
		PER05	S	Communication Number Qualifier	Follow rules of the Implementation Guide
		PER06	S	Communication Number	Follow rules of the Implementation Guide
		PER07	S	Communication Number Qualifier	Follow rules of the Implementation Guide
		PER08	S	Communication Number	Follow rules of the Implementation Guide
		PER09	N	Contact Inquiry Reference	Follow rules of the Implementation Guide
1000B/R-66				RECEIVER NAME	
	NM1/R-66	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		NM103	R	Receiver Name	Follow rules of the Implementation Guide
		NM104	N	First Name	Follow rules of the Implementation Guide
		NM105	N	Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	N	Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	R	Receiver Primary Identifier	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
2000A/R-69				BILLING/PAY-TO PROVIDER	
	HL/R-69	HL01	R	Hierarchical ID Number	Follow rules of the Implementation Guide
		HL02	N	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
		HL03	R	Hierarchical Level Code	Follow rules of the Implementation Guide
		HL04	R	Hierarchical Child Code	Follow rules of the Implementation Guide
	PRV/S-71	PRV01	R	Provider Code	Follow rules of the Implementation Guide
		PRV02	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		PRV03	R	Provider Taxonomy Code	Provider Taxonomy Codes, as maintained by the National Uniform Claim Committee, can be obtained from <a href="http://www.wpc-edi.com/hipaa">www.wpc-edi.com/hipaa</a> . Submit the Provider Taxonomy that best fits provider type and specialty for billing provider



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		PRV04	N	State or Province Code	Follow rules of the Implementation Guide
		PRV05	N	Provider Specialty Information	Follow rules of the Implementation Guide
		PRV06	N	Provider Organization Code	Follow rules of the Implementation Guide
	CUR/S-73			Foreign Currency Information	<b>NCXIX does not use this segment</b>
2010AA/R-76				BILLING PROVIDER NAME	
	NM1/R-76	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Billing Provider Last or Organization Name	<b>This element is the equivalent of:</b> <b>ADA Field Number (F#) 21</b> <b>Electronic Commerce Services (ECS) Dental Specifications Record Type (RT) 1R – Billing Provider Name</b>
		NM104	S	Billing Provider First Name	Follow rules of the Implementation Guide
		NM105	S	Billing Provider Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	S	Billing Provider Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	R	Billing Provider Identifier	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide





Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
	N3/R-80	N301	R	Billing Provider Address Line	Follow rules of the Implementation Guide
		N302	S	Billing Provider Address Line	Follow rules of the Implementation Guide
	N4/R-81	N401	R	Billing Provider City Name	Follow rules of the Implementation Guide
		N402	R	Billing Provider State or Province Code	Follow rules of the Implementation Guide
		N403	R	Billing Provider Postal Zone or Zip Code	Follow rules of the Implementation Guide
		N404	S	Billing Provider Country Code	Follow rules of the Implementation Guide
		N405	N	Location Qualifier	Follow rules of the Implementation Guide
		N406	N	Location Identifier	Follow rules of the Implementation Guide
	N3/R-80	N301	R	Billing Provider Address Line	Follow rules of the Implementation Guide
		N302	S	Billing Provider Address Line	Follow rules of the Implementation Guide
	N4/R-81	N401	R	Billing Provider City Name	Follow rules of the Implementation Guide
		N402	R	Billing Provider State or Province Code	Follow rules of the Implementation Guide
		N403	R	Billing Provider Postal Zone or Zip Code	Follow rules of the Implementation Guide
	REF/S-83	REF01	R	Reference Identification Qualifier	<b>For NC Medicaid use 1D – Medicaid Provider Number</b>
		REF02	R	Billing Provider Additional Identifier	<b>This element is the equivalent of:</b> <b>ADA F# 13</b> <b>ECS Dental Specifications RT 1R – Billing Provider Medicaid Number</b>
		REF03	N	Description	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	REF/S-85	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Billing Provider Credit Card Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
2010AB/R-87				PAY-TO PROVIDER NAME	
	NM1/S-87	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Pay-to Provider Last or Organization Name	Follow rules of the Implementation Guide
		NM104	S	Pay-to Provider First Name	Follow rules of the Implementation Guide
		NM105	S	Pay-to Provider Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	S	Pay-to Provider Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	R	Pay-to Provider Identifier	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	N3/R-91	N301	R	Pay-to Provider Address Line	Follow rules of the Implementation Guide
		N302	S	Pay-to Provider Address Line	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
	N4/R-92	N401	R	Pay-to Provider City Name	Follow rules of the Implementation Guide
		N402	R	Pay-to Provider State Code	Follow rules of the Implementation Guide
		N403	R	Pay-to Provider Postal Zone or ZIP Code	Follow rules of the Implementation Guide
		N404	S	Pay-to Provider Country Code	Follow rules of the Implementation Guide
		N405	N	Location Qualifier	Follow rules of the Implementation Guide
		N406	N	Location Identifier	Follow rules of the Implementation Guide
	REF/S-94	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Pay-to Provider Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
2000B/R-96				SUBSCRIBER HIERARCHICAL LEVEL	
	HL/R-96	HL01	R	Hierarchical ID Number	Follow rules of the Implementation Guide
		HL02	R	Hierarchical Parent ID Number	Follow rules of the Implementation Guide
		HL03	R	Hierarchical Level Code	Follow rules of the Implementation Guide
		HL04	R	Hierarchical Child Code	Follow rules of the Implementation Guide
	SBR/R-99	SBR01	R	Payer Responsibility Sequence Number Code	Follow rules of the Implementation Guide
		SBR02	S	Individual Relationship Code	Follow rules of the Implementation Guide
		SBR03	S	Insured Group or Policy Number	Follow rules of the Implementation Guide
		SBR04	S	Insured Group Name	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		SBR05	N	Insurance Type Code	Follow rules of the Implementation Guide
		SBR06	R	Coordination of Benefits Code	Follow rules of the Implementation Guide
		SBR07	N	Yes/No Condition or Response Code	Follow rules of the Implementation Guide
		SBR08	N	Employment Status Code	Follow rules of the Implementation Guide
		SBR09	S	Claim Filing Indicator Code	Follow rules of the Implementation Guide
2010BA/R-103				SUBSCRIBER NAME	
	NM1/R-103	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Subscriber Last Name	<b>This element is the equivalent of:</b> <b>ADA F# 4</b> <b>ECS Dental Specifications RT 1R – Patient Last Name</b>
		NM104	S	Subscriber First Name	<b>This element is the equivalent of:</b> <b>ADA F# 4</b> <b>ECS Dental Specifications RT 1R – Patient First Initial</b>
		NM105	S	Subscriber Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	S	Subscriber Name Suffix	Follow rules of the Implementation Guide
		NM108	S	Identification Code Qualifier	<b>For NCXI X, use MI – Member Identification Number</b>



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		NM109	S	Identification Code	This element is the equivalent of: ADA F# 2 ECS Dental Specifications RT 1R – Patient Medicaid ID #
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	N3/S-108	N301	R	Subscriber Address Information	Follow rules of the Implementation Guide
		N302	S	Subscriber Address Information	Follow rules of the Implementation Guide
	N4/S-109	N401	R	Subscriber City Name	Follow rules of the Implementation Guide
		N402	R	Subscriber State Code	Follow rules of the Implementation Guide
		N403	R	Subscriber Postal Zone or ZIP Code	Follow rules of the Implementation Guide
		N404	S	Country Code	Follow rules of the Implementation Guide
		N405	N	Location Qualifier	Follow rules of the Implementation Guide
		N406	N	Location Identifier	Follow rules of the Implementation Guide
	DMG/S-111	DMG01	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DMG02	R	Subscriber Birth Date	Follow rules of the Implementation Guide
		DMG03	R	Subscriber Gender Code	Follow rules of the Implementation Guide
		DMG04	N	Marital Status Code	Follow rules of the Implementation Guide
		DMG05	N	Race or Ethnicity Code	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		DMG06	N	Citizenship Status Code	Follow rules of the Implementation Guide
		DMG07	N	Country Code	Follow rules of the Implementation Guide
		DMG08	N	Basis of Verification Code	Follow rules of the Implementation Guide
		DMG09	N	Quantity	Follow rules of the Implementation Guide
	REF/S-113	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Subscriber Supplemental Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	REF/S-115	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Property Casualty Claim Number	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
2010BB/R-117				PAYER NAME	
	NM1/R-117	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Payer Name	<b>For NC Medicaid, use NCXI X</b>
		NM104	N	First Name	Follow rules of the Implementation Guide
		NM105	N	Middle Name	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	N	Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	<b>For NC Medicaid, use PI – Payor Identification</b>
		NM109	R	Payer Identifier	<b>For NC Medicaid, use DNC00. For NC Mental Health use NCDMH</b>
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	N3/S-121	N301	R	Payer Address Line	Follow rules of the Implementation Guide
		N302	S	Payer Address Line	Follow rules of the Implementation Guide
	N4/S-122	N401	R	Payer City Name	Follow rules of the Implementation Guide
		N402	R	Payer State Code	Follow rules of the Implementation Guide
		N403	R	Payer Postal Zone or ZIP Code	Follow rules of the Implementation Guide
		N404	S	Country Code	Follow rules of the Implementation Guide
		N405	N	Location Qualifier	Follow rules of the Implementation Guide
		N406	N	Location Identifier	Follow rules of the Implementation Guide
	REF/S-124	REF01	R	Payer Secondary Identification Number	Follow rules of the Implementation Guide
		REF02	R	Payer Additional Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
2010BC/S-126				CREDIT/DEBIT CARD ACCOUNT	NC Medicaid will not use this loop
2000C/R-132				PATIENT HIERARCHICAL LEVEL	NC Medicaid will not use this loop
2300/R-149				CLAIM INFORMATION	
	CLM/R-149	CLM01	R	Patient Account Number	This element is the equivalent of: ADA F# 8 ECS Dental Specifications RT 1R – Patient Account Number
		CLM02	R	Total Claim Charge Amount	This element is the equivalent of: ADA F# 4 ECS Dental Specifications RT 2H – Total Charge
		CLM03	N	Claim Filing Indicator Code	Follow rules of the Implementation Guide
		CLM04	N	Non-Institutional Claim Type Code	Follow rules of the Implementation Guide
		CLM05-1	R	Facility Type Code	This element is the equivalent of: ADA F# 28 ECS Dental Specifications RT D1 – Place of Service Reference Code Source 237 for valid codes and NC Medicaid billing requirements for allowable Place Of Service (POS) codes for Dental claims
		CLM05-2	N	Facility Code Qualifier	Follow rules of the Implementation Guide





Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		CLM05-3	R	Claim Submission Reason Code	<p>For NC Medicaid, submit:</p> <p>1 – for original claim</p> <p>7 – for a replacement claim to a previously submitted claim</p> <p>8 – to void a previously submitted claim</p> <p>NOTE: for codes 7 and 8, the Internal Control Number (ICN) of the original claim must be provided in an REF segment in this loop</p>
		CLM06	R	Provider or Supplier Signature Indicator	Follow rules of the Implementation Guide
		CLM07	S	Medicare Assignment Code	Follow rules of the Implementation Guide
		CLM08	R	Benefits Assignment Certification Indicator	Follow rules of the Implementation Guide
		CLM09	R	Release Of Information Code	Follow rules of the Implementation Guide
		CLM10	N	Patient Signature Source Code	Follow rules of the Implementation Guide
		CLM11-1	R	Related Causes Code	<p>Value AA is the equivalent of:</p> <p>ADA F# 31</p> <p>ECS Dental Specifications RT 1R - Auto Accident</p> <p>Value EM is the equivalent of:</p> <p>ADA F# 30</p> <p>ECS Dental Specifications RT 1R – On the Job Injury</p> <p>Value OA is the equivalent of:</p> <p>ADA F# 32</p> <p>ECS Dental Specifications RT 1R – Accidental Injury</p>
		CLM11-2	S	Related Causes Code	See instructions for CLM11-1



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		CLM11-3	S	Related Causes Code	See instructions for CLM11-1
		CLM11-4	S	Auto Accident State or Province Code	Follow rules of the Implementation Guide
		CLM11-5	S	Country Code	Follow rules of the Implementation Guide
		CLM12	S	Special Program Indicator	Value 01 is the equivalent of: ADA F# 2 ECS Dental Specifications RT 1R – Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Indicator
		CLM13	N	Yes/No Condition or Response Code	Follow rules of the Implementation Guide
		CLM14	N	Level of Service Code	Follow rules of the Implementation Guide
		CLM15	N	Yes/No Condition or Response Code	Follow rules of the Implementation Guide
		CLM16	N	Provider Agreement Code	Follow rules of the Implementation Guide
		CLM17	N	Claim Status Code	Follow rules of the Implementation Guide
		CLM18	N	Yes/No Condition or Response Code	Follow rules of the Implementation Guide
		CLM19	S	Claim Submission Reason Code	Follow rules of the Implementation Guide
		CLM20	S	Delay Reason Code	Follow rules of the Implementation Guide
	DTP/S-157	DTP01	R	Date Time Qualifier	Follow rules of the Implementation Guide
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Related Hospitalization Admission Date	Follow rules of the Implementation Guide
	DPT/S - 158	DTP01	R	Date Time Qualifier	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Discharge or End of Care Date	Follow rules of the Implementation Guide
	DTP/S - 160	DTP01	R	Date Time Qualifier	Follow rules of the Implementation Guide
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Referral Date	Follow rules of the Implementation Guide
	DTP/S - 161	DTP01	R	Date Time Qualifier	Follow rules of the Implementation Guide
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Accident Date	Follow rules of the Implementation Guide
	DTP/S - 162	DTP01	R	Date Time Qualifier	Follow rules of the Implementation Guide
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Orthodontic Banding Date	Follow rules of the Implementation Guide
	DTP/S- 164	DTP01	R	Date/Time Qualifier	Follow rules of the Implementation Guide
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Service Date	Follow rules of the Implementation Guide
	DN1/S- 166	DN101	S	Orthodontic Treatment Months Count	Follow rules of the Implementation Guide
		DN102	S	Orthodontic Treatment Months Remaining	Follow rules of the Implementation Guide
		DN103	S	Question Response	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		DN104	N	Description	Follow rules of the Implementation Guide
	DN2/S-168	DN201	R	Tooth Number	Follow rules of the Implementation Guide
		DN202	R	Tooth Status Code	Follow rules of the Implementation Guide
		DN203	N	Quantity	Follow rules of the Implementation Guide
		DN204	N	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DN205	N	Date Time Period	Follow rules of the Implementation Guide
	PWK/S-170	PWK01	R	Attachment Report Type Code	Follow rules of the Implementation Guide
		PWK02	R	Attachment Transmission Code	Follow rules of the Implementation Guide
		PWK03	N	Report Copies Needed	Follow rules of the Implementation Guide
		PWK04	N	Entity Identifier Code	Follow rules of the Implementation Guide
		PWK05	S	Identification Code Qualifier	Follow rules of the Implementation Guide
		PWK06	S	Attachment Control Number	Follow rules of the Implementation Guide
		PWK07	N	Description	Follow rules of the Implementation Guide
		PWK08	N	Actions Indicated	Follow rules of the Implementation Guide
		PWK09	N	Request Category Code	Follow rules of the Implementation Guide
	AMT/S-173	AMT01	R	Amount Qualifier Code	Follow rules of the Implementation Guide
		AMT02	R	Patient Amount Paid	Follow rules of the Implementation Guide
		AMT03	N	Credit/Debit Flag Code	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
	AMT/S – 174	AMT01	R	Amount Qualifier Code	Follow rules of the Implementation Guide
		AMT02	R	Credit or Debit Card Maximum Amount	Follow rules of the Implementation Guide
		AMT03	N	Credit/Debit Flag Code	Follow rules of the Implementation Guide
	REF/S-175	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Predetermination of Benefits Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	REF/S-177	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Service Authorization Exception Code	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	REF/S - 179	REF01	R	Reference Identification Qualifier	<b>For NC Medicaid, use F8 – Original Reference Number – when CLM05-3 equals 7 or 8</b>
		REF02	R	Claim Original Reference Number	<b>For NC Medicaid, use the ICN of the original claim</b>
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	REF/S-181	REF01	R	Reference Identification Qualifier	<b>For NC Medicaid, use G1 – Prior Authorization Number – when prior authorization applies to the claim</b>

Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		REF02	R	Prior Authorization or Referral Number	ECS Dental Specifications RT 1R PA NUMBER
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	NTE/S-185	NTE01	R	Note Reference Code	Follow rules of the Implementation Guide
	NTE/S-185	NTE02	R	Claim Note Text	Follow rules of the Implementation Guide
2310A/S-187				REFERRING PROVIDER NAME	
	NM1/S-187	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Referring Provider Last Name	Follow rules of the Implementation Guide
		NM104	S	Referring Provider First Name	Follow rules of the Implementation Guide
		NM105	S	Referring Provider Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	S	Referring Provider Name Suffix	Follow rules of the Implementation Guide
		NM108	S	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	S	Referring Provider Identifier	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
	PRV/S-190	PRV01	R	Provider Code	Follow rules of the Implementation Guide
		PRV02	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		PRV03	R	Provider Taxonomy Code	Follow rules of the Implementation Guide
		PRV04	N	State or Province Code	Follow rules of the Implementation Guide
		PRV05	N	Provider Specialty Information	Follow rules of the Implementation Guide
		PRV06	N	Provider Organization Code	Follow rules of the Implementation Guide
	N2/S-192	N201	R	Referring Provider Name Additional Text	Follow rules of the Implementation Guide
		N202	N	Name	Follow rules of the Implementation Guide
	REF/S-193	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Referring Provider Secondary Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
2310B/S-195				RENDERING PROVIDER NAME	
	NM1/S-195	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Rendering Provider Last or Organization Name	Follow rules of the Implementation Guide
		NM104	S	Rendering Provider First Name	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		NM105	S	Rendering Provider Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	S	Rendering Provider Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	R	Rendering Provider Identifier	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	PRV/S-198	PRV01	R	Provider Code	Follow rules of the Implementation Guide
		PRV02	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		PRV03	R	Provider Taxonomy Code	Provider Taxonomy Codes, as maintained by the National Uniform Claim Committee, can be obtained from <a href="http://www.wpc-edi.com/hipaa">www.wpc-edi.com/hipaa</a> . Submit the Provider Taxonomy that best fits provider type and specialty for which the service was rendered
		PRV04	N	State or Province Code	Follow rules of the Implementation Guide
		PRV05	N	Provider Specialty Information	Follow rules of the Implementation Guide
		PRV06	N	Provider Organization Code	Follow rules of the Implementation Guide
	REF/S-201	REF01	R	Reference Identification Qualifier	For NC Medicaid use 1D – Medicaid Provider Number





Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		REF02	R	Rendering Provider Secondary Identifier	This element is the equivalent of: <b>ADA F# 1</b> <b>ECS Dental Specifications RT 1R - Attending Physician Provider Number</b>
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
2310C/S-203				SERVICE FACILITY	
	NM1/S-203	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Laboratory or Facility Name	Follow rules of the Implementation Guide
		NM104	N	First Name	Follow rules of the Implementation Guide
		NM105	N	Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	N	Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	R	Laboratory or Facility Primary Identifier	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	REF/S-207	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Laboratory or Facility Secondary Identifier	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
2310D/S-20				ASSISTANT SURGEON NAME	<b>NC Medicaid will not use this loop.</b>
2320/S-209				OTHER SUBSCRIBER INFORMATION	
	SBR/S-209	SBR01	R	Payer Responsibility Sequence Number Code	Follow rules of the Implementation Guide
		SBR02	R	Individual Relationship Code	Follow rules of the Implementation Guide
		SBR03	R	Insured Group or Policy Number	Follow rules of the Implementation Guide
		SBR04	S	Policy Name	Follow rules of the Implementation Guide
		SBR05	N	Insurance Type Code	Follow rules of the Implementation Guide
		SBR06	N	Coordination of Benefits Code	Follow rules of the Implementation Guide
		SBR07	N	Yes/No Condition or Response Code	Follow rules of the Implementation Guide
		SBR08	N	Employment Status Code	Follow rules of the Implementation Guide
		SBR09	S	Claim Filing Indicator Code	Follow rules of the Implementation Guide
	CAS/S-213	CAS01	R	Claim Adjustment Group Code	Follow rules of the Implementation Guide
		CAS02	R	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS03	R	Adjustment Amount	Follow rules of the Implementation Guide
		CAS04	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS05	S	Adjustment Reason Code	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		CAS06	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS07	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS08	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS09	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS10	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS11	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS12	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS13	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS14	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS15	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS16	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS17	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS18	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS19	S	Adjustment Quantity	Follow rules of the Implementation Guide
	AMT/S-220	AMT01	R	Amount Qualifier Code	Follow rules of the Implementation Guide
		AMT02	R	Payer Paid Amount	Follow rules of the Implementation Guide
		AMT03	N	Credit/Debit Flag Code	Follow rules of the Implementation Guide
	AMT/S - 221	AMT01	R	Amount Qualifier Code	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		AMT02	R	Approved Amount	Follow rules of the Implementation Guide
		AMT03	N	Credit/Debit Flag Code	Follow rules of the Implementation Guide
	AMT/S - 222	AMT01	R	Amount Qualifier Code	Follow rules of the Implementation Guide
		AMT02	R	Allowed Amount	Follow rules of the Implementation Guide
		AMT03	N	Credit/Debit Flag Code	Follow rules of the Implementation Guide
	AMT/S - 223	AMT01	R	Amount Qualifier Code	Follow rules of the Implementation Guide
		AMT02	R	Patient Responsibility Amount	Follow rules of the Implementation Guide
		AMT03	N	Credit/Debit Flag Code	Follow rules of the Implementation Guide
	AMT/S - 224	AMT01	R	Amount Qualifier Code	Follow rules of the Implementation Guide
		AMT02	R	Covered Amount	Follow rules of the Implementation Guide
		AMT03	N	Credit/Debit Flag Code	Follow rules of the Implementation Guide
	AMT/S - 225	AMT01	R	Amount Qualifier Code	Follow rules of the Implementation Guide
		AMT02	R	Other Payer Discount Amount	Follow rules of the Implementation Guide
		AMT03	N	Credit/Debit Flag Code	Follow rules of the Implementation Guide
	AMT/S - 226	AMT01	R	Amount Qualifier Code	Follow rules of the Implementation Guide
		AMT02	R	Other Payer Patient Paid Amount	Follow rules of the Implementation Guide
		AMT03	N	Credit/Debit Flag Code	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
	DMG/S-227	DMG01	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DMG02	R	Other Insured Birth Date	Follow rules of the Implementation Guide
		DMG03	R	Other Insured Gender Code	Follow rules of the Implementation Guide
		DMG04	N	Marital Status Code	Follow rules of the Implementation Guide
		DMG05	N	Race or Ethnicity Code	Follow rules of the Implementation Guide
		DMG06	N	Citizenship Status Code	Follow rules of the Implementation Guide
		DMG07	N	Country Code	Follow rules of the Implementation Guide
		DMG08	N	Basis of Verification Code	Follow rules of the Implementation Guide
		DMG09	N	Quantity	Follow rules of the Implementation Guide
	OI/R-229	OI01	N	Claim Filing Indicator Code	Follow rules of the Implementation Guide
		OI02	N	Claim Submission Reason Code	Follow rules of the Implementation Guide
		OI03	R	Benefits Assignment Certification Indicator	Follow rules of the Implementation Guide
		OI04	N	Patient Signature Source Code	Follow rules of the Implementation Guide
		OI05	N	Provider Agreement Code	Follow rules of the Implementation Guide
		OI06	R	Release Of Information Code	Follow rules of the Implementation Guide
2330A/R-231				OTHER SUBSCRIBER NAME	
	NM1/R - 231	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		NM103	R	Other Insured Last Name	Follow rules of the Implementation Guide
		NM104	R	Other Insured First Name	Follow rules of the Implementation Guide
		NM105	R	Other Insured Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	S	Other Insured Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	R	Other Insured Identifier	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	N3/S-235	N301	R	Other Insured Address Line	Follow rules of the Implementation Guide
		N302	S	Other Insured Address Line	Follow rules of the Implementation Guide
	N4/S-236	N401	R	Other Insured City Name	Follow rules of the Implementation Guide
		N402	R	Other Insured State Code	Follow rules of the Implementation Guide
		N403	R	Other Insured Postal Zone or ZIP Code	Follow rules of the Implementation Guide
		N404	S	Other Insured Country Code	Follow rules of the Implementation Guide
		N405	N	Location Qualifier	Follow rules of the Implementation Guide
		N406	N	Location Identifier	Follow rules of the Implementation Guide
	REF/S-238	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	N	Other Insured Additional Identifier	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
2330B/R-240				OTHER PAYER NAME	
	NM1/R-240	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Other Payer Last or Organization Name	Follow rules of the Implementation Guide
		NM104	N	First Name	Follow rules of the Implementation Guide
		NM105	N	Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	N	Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	R	Other Payer Primary Identifier	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	PER/S-243	PER01	R	Contact Function Code	Follow rules of the Implementation Guide
		PER02	R	Other Payer Contact Name	Follow rules of the Implementation Guide
		PER03	R	Communication Number Qualifier	Follow rules of the Implementation Guide
		PER04	R	Communication Number	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		PER05	S	Communication Number Qualifier	Follow rules of the Implementation Guide
		PER06	S	Communication Number	Follow rules of the Implementation Guide
		PER07	S	Communication Number Qualifier	Follow rules of the Implementation Guide
		PER08	S	Communication Number	Follow rules of the Implementation Guide
		PER09	N	Contact Inquiry Reference	Follow rules of the Implementation Guide
	DTP/S-246	DTP01	R	Date Time Qualifier	Follow rules of the Implementation Guide
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Date Claim Period	Follow rules of the Implementation Guide
	REF/S-247	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Other Payer Secondary Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	REF/S-249	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Other Payer Prior Authorization or Referral Number	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	REF/S-251	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Other Payer Claim Adjustment Indicator	Follow rules of the Implementation Guide





Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
2330C/S-253				OTHER PAYER PATIENT INFORMATION	
	NM1/S-253	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	N	Other Payer Patient last Name	Follow rules of the Implementation Guide
		NM104	N	First Name	Follow rules of the Implementation Guide
		NM105	N	Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	N	Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	R	Other Payer Patient Primary Identifier	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	REF/S-255	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Other Payer Patient Primary Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
2330D/S-257				OTHER PAYER REFERRING PROVIDER	
	NM1/S-257	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	N	Last Name or Organization Name	Follow rules of the Implementation Guide
		NM104	N	First Name	Follow rules of the Implementation Guide
		NM105	N	Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	N	Name Suffix	Follow rules of the Implementation Guide
		NM108	N	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	N	Identification Code	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	REF/S-259	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Other Payer Referring Provider Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
2330E/S-261				OTHER PAYER RENDERING PROVIDER	
	NM1/S-261	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	N	Last Name or Organization Name	Follow rules of the Implementation Guide
		NM104	N	First Name	Follow rules of the Implementation Guide
		NM105	N	Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	N	Name Suffix	Follow rules of the Implementation Guide
		NM108	N	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	N	Identification Code	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	REF/S-263	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Other Payer Rendering Provider Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
2400/R-265				SERVICE LINE	
	LX/R-265	LX01	R	Assigned Number	Follow rules of the Implementation Guide
	SV3/R-266	SV301-1	R	Product or Service ID Qualifier	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		SV301-2	R	Procedure Code	This element is the equivalent of: <b>ADA F# 37</b> <b>ECS Dental Specifications RT D1 – ADA Code</b>
		SV301-3	S	Procedure Code Modifier	Follow rules of the Implementation Guide
		SV301-4	S	Procedure Code Modifier	Follow rules of the Implementation Guide
		SV301-5	S	Procedure Code Modifier	Follow rules of the Implementation Guide
		SV301-6	S	Procedure Code Modifier	Follow rules of the Implementation Guide
		SV301-7	N	Description	Follow rules of the Implementation Guide
		SV302	R	Line Item Charge Amount	This element is the equivalent of: <b>ADA F# 27</b> <b>ECS Dental Specifications RT D1 – Charge</b>
		SV303	S	Facility Type Code	This element is the equivalent of: <b>ADA F# 28</b> <b>ECS Dental Specifications RT D1 – POS</b> <b>Reference Code Source 237 for valid codes and NC Medicaid billing requirements for allowable POS codes for Dental claims</b>
		SV304-1	R	Oral Cavity Designation Code	Follow rules of the Implementation Guide
		SV304-2	S	Oral Cavity Designation Code	Follow rules of the Implementation Guide
		SV304-3	S	Oral Cavity Designation Code	Follow rules of the Implementation Guide
		SV304-4	S	Oral Cavity Designation Code	Follow rules of the Implementation Guide
		SV304-5	S	Oral Cavity Designation Code	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		SV305	S	Prosthesis, Crown, or Inlay Code	Follow rules of the Implementation Guide
		SV306	R	Procedure Count	Follow rules of the Implementation Guide
		SV307	N	Description	Follow rules of the Implementation Guide
		SV308	N	Co-pay Status Code	Follow rules of the Implementation Guide
		SV309	N	Provider Agreement Code	Follow rules of the Implementation Guide
		SV310	N	Yes/No Condition or Response Code	Follow rules of the Implementation Guide
		SV311	N	Composite Diagnosis Code Pointer	Follow rules of the Implementation Guide
	TOO/S-271	TOO01	R	Code List Qualifier Code	Follow rules of the Implementation Guide
		TOO02	S	Tooth Code	<b>This element is the equivalent of:</b> <b>ADA F# 37</b> <b>ECS Dental Specifications RT D1 – Tooth Number</b>
		TOO03-1	R	Tooth Surface Code	<b>This element is the equivalent of:</b> <b>ADA F# 37</b> <b>ECS Dental Specifications RT D1 – Surface</b>
		TOO03-2	S	Tooth Surface Code	Follow rules of the Implementation Guide
		TOO03-3	S	Tooth Surface Code	Follow rules of the Implementation Guide
		TOO03-4	S	Tooth Surface Code	Follow rules of the Implementation Guide
		TOO03-5	S	Tooth Surface Code	Follow rules of the Implementation Guide
	DTP/S-273	DTP01	R	Date Time Qualifier/Service Date	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Service Date	<b>This element is the equivalent of:</b> <b>ADA F# 37</b> <b>ECS Dental Specifications RT D1 – Date Of Service (DOS)</b>
	DTP/S - 275	DTP01	R	Date Time Qualifier/Prior Placement	Follow rules of the Implementation Guide
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Prior Placement Date	Follow rules of the Implementation Guide
	DTP/S - 277	DTP01	R	Date Time Qualifier/Appliance Placement	Follow rules of the Implementation Guide
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Orthodontic Banding Date	Follow rules of the Implementation Guide
	DTP/S - 279	DTP01	R	Date Time Qualifier/Replacement	Follow rules of the Implementation Guide
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Replacement Date	Follow rules of the Implementation Guide
	QTY/S- 281	QTY01	R	Quantity Qualifier	Follow rules of the Implementation Guide
		QTY02	R	Anesthesia Unit Count	Follow rules of the Implementation Guide
		QTY03	N	Composite Unit of Measure	Follow rules of the Implementation Guide
		QTY04	N	Free-Form Message	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
	REF/S-283	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Service Predetermination Identification	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	REF/S - 284	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Prior Authorization or Referral Number	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	REF/S – 285	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Line Item Control Number	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
	AMT/S-287	AMT01	R	Amount Qualifier Code	Follow rules of the Implementation Guide
		AMT02	R	Approved Amount	Follow rules of the Implementation Guide
		AMT03	N	Credit/Debit Flag Code	Follow rules of the Implementation Guide
	NTE/S-288	NTE01	R	Note Reference Code	Follow rules of the Implementation Guide
		NTE02	R	Claim Note Text	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
2420A/S-289				RENDERING PROVIDER NAME	
	NM1/S-289	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Rendering Provider Last or Organization Name	Follow rules of the Implementation Guide
		NM104	S	Rendering Provider First Name	Follow rules of the Implementation Guide
		NM105	S	Rendering Provider Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	S	Rendering Provider Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	R	Rendering Provider Identifier	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	PRV/S-292	PRV01	R	Provider Code	Follow rules of the Implementation Guide
		PRV02	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		PRV03	R	Provider Taxonomy Code	Follow rules of the Implementation Guide
		PRV04	N	State or Province Code	Follow rules of the Implementation Guide
		PRV05	N	Provider Specialty Information	Follow rules of the Implementation Guide





Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		PRV06	N	Provider Organization Code	Follow rules of the Implementation Guide
	REF/S-295	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide
		REF02	R	Rendering Provider Secondary Identifier	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
2420B/S-297				OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	
	NM1/S-297	NM101	R	Entity Identifier Code	Follow rules of the Implementation Guide
		NM102	R	Entity Type Qualifier	Follow rules of the Implementation Guide
		NM103	R	Other Payer Last or Organization Name	Follow rules of the Implementation Guide
		NM104	N	First Name	Follow rules of the Implementation Guide
		NM105	N	Middle Name	Follow rules of the Implementation Guide
		NM106	N	Name Prefix	Follow rules of the Implementation Guide
		NM107	N	Name Suffix	Follow rules of the Implementation Guide
		NM108	R	Identification Code Qualifier	Follow rules of the Implementation Guide
		NM109	R	Other Payer Referral Number	Follow rules of the Implementation Guide
		NM110	N	Entity Relationship Code	Follow rules of the Implementation Guide
		NM111	N	Entity Identifier Code	Follow rules of the Implementation Guide
	REF/S-300	REF01	R	Reference Identification Qualifier	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		REF02	R	Other Payer Prior Authorization or Referral Number	Follow rules of the Implementation Guide
		REF03	N	Description	Follow rules of the Implementation Guide
		REF04	N	Reference Identifier	Follow rules of the Implementation Guide
2420C/S-37				ASSISTANT SURGEON NAME	<b>NC Medicaid will not use this loop.</b>
2430/S-301				SERVICE LINE ADJUDICATION INFORMATION	
	SVD/S-301	SVD01	R	Other Payer Primary Identifier	Follow rules of the Implementation Guide
		SVD02	R	Service Line Paid Amount	Follow rules of the Implementation Guide
		SVD03-1	R	Product or Service ID Qualifier	Follow rules of the Implementation Guide
		SVD03-2	R	Procedure Code	Follow rules of the Implementation Guide
		SVD03-3	S	Procedure Modifier	Follow rules of the Implementation Guide
		SVD03-4	S	Procedure Modifier	Follow rules of the Implementation Guide
		SVD03-5	S	Procedure Modifier	Follow rules of the Implementation Guide
		SVD03-6	S	Procedure Modifier	Follow rules of the Implementation Guide
		SVD03-7	S	Procedure Code Description	Follow rules of the Implementation Guide
		SVD04	N	Product/Service ID	Follow rules of the Implementation Guide
		SVD05	R	Paid Service Unit Count	Follow rules of the Implementation Guide
		SVD06	S	Bundled or Unbundled Line Number	Follow rules of the Implementation Guide
	CAS/S-305	CAS01	R	Adjustment Group Code	Follow rules of the Implementation Guide
		CAS02	R	Adjustment Reason Code	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
		CAS03	R	Adjustment Amount	Follow rules of the Implementation Guide
		CAS04	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS05	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS06	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS07	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS08	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS09	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS10	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS11	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS12	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS13	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS14	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS15	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS16	S	Adjustment Quantity	Follow rules of the Implementation Guide
		CAS17	S	Adjustment Reason Code	Follow rules of the Implementation Guide
		CAS18	S	Adjustment Amount	Follow rules of the Implementation Guide
		CAS19	S	Adjustment Quantity	Follow rules of the Implementation Guide
	DTP/R-312	DTP01	R	Date Time Qualifier	Follow rules of the Implementation Guide
		DTP02	R	Date Time Period Format Qualifier	Follow rules of the Implementation Guide
		DTP03	R	Adjudication or Payment Date	Follow rules of the Implementation Guide



Loop	SEG ID	Element	Element Requirement	Industry Name	North Carolina Medicaid Specifications
9999/R-313				TRANSACTION SET TRAILER	
	SE/R-313	SE01	R	Transaction Segment Count	Follow rules of the Implementation Guide
		SE02	R	Transaction Set Control Number	Follow rules of the Implementation Guide



## 4. DOCUMENT CHANGE HISTORY

Project Information
<b>Project Name:</b> Health Insurance Portability and Accountability Act Transaction Sets and Code Sets (HTSCS)
<b>Status:</b> Final (Version number and date are used for configuration control of this deliverable)

*The controlled master of this document is available in the EDS North Carolina Title Nineteen (NCXIX) eRoom<sup>®1</sup>. Hard copies of this document are for information only and are not subject to document control.*

Version	Issue Date	Created By	Comments/Reason
1.0	02/21/03	Joan McDermott and Sandy Miles	Original document
1.1	06/02/03	Allen Dowdle	Revisions for the Addenda and clarification of unknown/default values
1.2	09/29/03	Mike Frost	Page 19. Corrected Reference Identification Qualifier value – changed from GI to G1.  Pages 24, 40. Added note to indicate that NC Medicaid will not use loops 2310D and 2420C.

<sup>1</sup> eRoom<sup>®</sup> - A registered trademark by Technology Inc. All rights reserved.

